Congressman Travis Childers Supports Increases in Veteran Benefits, Veterans' Access to Rural Health Care

September 10, 2008

Washington, DC - Congressman Travis Childers (D-MS) today voted for legislation to support veterans' benefits and health care. The House brought to the floor a veterans cost-of-living adjustment (COLA) to increase benefit rates, as well as a measure to increase veterans' access to rural health care.

" Those who honorably serve our country deserve quality health care and benefits that are in tune with the current cost-of-living, " said Congressman Childers. " I'm especially proud to support legislation that ensures rural veterans' access to care. Many of North Mississippi's veterans reside in rural areas, and it is essential that they receive the best medical care we can provide. "

The Veterans' Compensation Cost-of-Living Adjustment Act of 2008 (H.R. 5826) increases the rates of veterans' disability compensation, additional compensation for dependents, the clothing allowance for certain disabled adult children, and dependency and indemnity compensation for surviving spouses and children. H.R. 5826 passed with in the House with overwhelming bipartisan support by a vote of 417-0.

The Rural Veterans Access to Care Act (H.R. 1527) allows " highly rural veterans" enrolled as VA patients to receive covered health services through non-VA health care providers. The bill also directs the VA to distribute prescription medications to these veterans. H.R. 1527 defines a " highly rural veteran" as one who:

1. Resides more than 60 miles from the nearest VA facility providing primary care services, more than 120 miles from a VA facility providing acute hospital care, or more than 240 miles from a VA facility providing tertiary care (depending on which services the veteran needs); or

 Otherwise ex 	periences such har	dships or other	difficulties in trave	el to the nearest
appropriate VA faci	ility that such travel	is not in the bes	st interest of the v	eteran.

H.R. 1527 also passed with an overwhelming bipartisan vote of 417-0.

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